

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APR 1 1981					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1							51			
	2							52			
	3							53			
	4							54			
	5							55			
	6							56			
	7							57			
	8							58			
	9							59			
	10	1						60			
	11	1						61			
	12	1						62			
	13	1						63			
	14	1						64			
	15	1						65			
	16	1						66			
	17	1						67			
	18	1						68			
	19	1						69			
	20	1						70			
	21							71			
	22							72			
	23							73			
	24							74			
	25							75			
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	39							89			
	40							90			
	41							91			
	42							92			
	43							93			
	44							94			
	45							95			
	46							96			
	47							97			
	48							98			
49						99					
50						100					
TOTAL IND.	22					TOTAL IND.					
TOTAL DEP.	2	2	2	2	2	TOTAL DEP.	2	2	2		
TOTAL CLAIMS	16	16	16	16	16	TOTAL CLAIMS	16	16	16		